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Regents College Examination Content Guide

Differences in Nursing Care: Area A (modified) (Associate Level)

General Description of the Examination

The Differences in Nursing Care: Area A (modified) examination measures knowledge and understanding of the various health care needs and problems encountered by the associate degree nurse. Questions are based on the common and specific manifestations of these needs and problems and the nursing care actions properly associated with them. Questions pertain to patients of various age groups in the proportion that members of these groups use health care services. Questions concern both acute and long-term needs and problems of medical, surgical, obstetric, and pediatric patients.

The examination requires you to possess the technical vocabulary and knowledge of anatomy and physiology, microbiology, emotional and physical development, and nutrition generally expected of the associate degree nurse. The examination requires you to demonstrate knowledge of the theoretical framework for each content area as well as the ability to apply this knowledge to nursing practice using the nursing process.

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EXAMINATIONS**

Use this guide if you are planning to test between October 1, 2000 and September 30, 2001.

If you are planning to test on or after October 1, 2001, you should obtain the guide for Nursing Concepts 4 which will be available in late summer 2001. You may access the revised version online at our Web site or request a printed copy by contacting the College.

Uses for the Examination

Regents College, the test developer, recommends granting four (4) semester hours of lower-level undergraduate credit to students who receive a score equivalent to a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. The examination satisfies part of the nursing component of the Regents College Associate Degrees in Nursing. Other colleges and universities also recognize this

examination as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the examination, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

Examination Length and Scoring

The examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, experimental questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are experimental, you should do your best on all of them. Scores

are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

Examination Administration

The examination is administered by computer at Sylvan Technology Centers® throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examination is also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Regents College.

Test Administration
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Computer-Delivered Testing

If you are testing at a Sylvan Technology Center®, your examination will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience. Instructions provided on-screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the

computer testing environment and gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse, the keyboard, and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the World Wide Web, you can view the screens that you will see in the tutorial, or actually download a copy of a similar tutorial to practice with, from the Regents College Web site (www.regents.edu).

Third-Party Services

Regents College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided **FREE** by degree-

granting institutions. Students wishing to demonstrate college-level learning by taking Regents College Examinations can receive their **FREE** copies of the appropriate content guides by requesting them from Regents College.

Examination Objectives

You will be expected to demonstrate the ability to:

1. identify the typical patterns of deviation from wellness associated with each content area
2. identify the differences in nursing care that result from:
 - a. manifestations of the specific health problems
 - b. the influence of culture on the patient's perception of illness and health care
 - c. the individualized response of the patient to illness
3. apply knowledge of the theoretical framework for each content area when using the nursing process to provide direct care to patients

Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1994, the term "potential for" was revised first to "high risk for" and then to "risk for." Questions on the examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purposes of the examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

Content Outline

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Cardiovascular/Pulmonary Problems	50%
II. Abnormal Cellular Growth	50%
Total	100%

I Cardiovascular/Pulmonary Problems (50%)

This area focuses on the nursing care of patients with problems such as respiratory failure, croup, asthma, smoke inhalation, chronic obstructive pulmonary disease (COPD), atelectasis, pneumonia, pulmonary edema, peripheral vascular disease, hypertension, myocardial infarction (MI), congestive heart failure (CHF), shock, anemias.

A. Theoretical framework – basis for care

1. Types of cardiovascular/pulmonary problems
 - a. Problems of intake and supply
 - 1) Depression of respiratory center (for example: drugs, pH imbalances, respiratory failure)

- 2) Blocked airway (for example: croup, foreign body, laryngeal edema, mucoid secretions, asthma)
- 3) Altered expansion (for example: fractured rib, paralysis of diaphragm, aging process, surgery)
- 4) Alteration in supply of oxygen (for example: smoke inhalation)

b. Problems of absorption

- 1) Blocked alveoli (for example: COPD, atelectasis)
- 2) Decreased absorbing surface (for example: pneumonia, pneumothorax, lung surgery, pulmonary edema, adult respiratory distress syndrome [ARDS])

- c. Problems of transportation
 - 1) Impairment of blood vessels (for example: hypertension, peripheral vascular disease, pulmonary embolus, arteriosclerotic heart disease, angina pectoris, gangrene, abdominal aortic aneurysm)
 - 2) Pump problems (for example: dysrhythmia, MI, CHF, valvular disease, cardiac infections)
 - 3) Disturbance in volume (for example: hemorrhagic diseases, shock)
 - 4) Alteration in oxygen-carrying factors (for example: iron deficiency anemia, pernicious anemia, sickle cell anemia, polycythemia)
 - 5) Alteration in coagulation (for example: disseminated intravascular coagulation, thrombocytopenia purpura)
2. Clinical manifestations of cardiovascular/pulmonary problems
 - a. Altered vital signs
 - b. Altered breathing patterns
 - c. Altered breath sounds
 - d. Altered skin and body temperature
 - e. Altered skin color
 - f. Altered physical appearance (for example: clubbing of the fingers, barrel chest, jugular vein distention, chest retraction, flaring nostrils, trophic changes)
 - g. Alterations in behavior (for example: restlessness, confusion, lethargy, altered mentation)
 - h. Alteration in comfort (for example: pain, fatigue)
 - i. Altered sensory perception (for example: tingling, numbness, blurred vision)
3. Factors influencing the patient's susceptibility and response to cardiovascular/pulmonary problems
 - a. Age and physiological factors
 - b. Psychological factors (for example: stress)
 - c. Socioeconomic and cultural factors (for example: dietary patterns, smoking, occupation, sedentary lifestyle, family history, health practices)
 - d. Nutritional status
 - e. Presence of other illnesses
 - f. Site of problem (for example: CHF, peripheral vascular disease)
 - g. Degree of involvement (for example: acute vs. chronic, pneumonia/COPD, MI/CHF)
4. Theoretical basis for interventions related to cardiovascular/pulmonary problems
 - a. Medications (for example: coronary and peripheral vasodilator, anticoagulants, calcium channel blockers, beta blockers, diuretics, antihypertensives, antiarrhythmic agents, cardiac glycosides, drugs used to treat anemias and hyperlipidemia; antihistamines, decongestants, expectorants, antitussive drugs, bronchodilators, mucolytic agents)
 - b. Dietary modifications (for example: sodium, fat, cholesterol, calorie and fluid restriction)
 - c. Therapeutic devices (for example: chest tubes, Doppler device, mechanical ventilators, pulse oximeters, central venous pressure monitors, cardiac monitors, cardiac pacemakers)
 - d. Preoperative and postoperative care (for example: thoracic surgery, angioplasty, coronary artery bypass graft, peripheral vascular surgery, abdominal aneurysm)

- e. Health instruction (for example: rationale for breathing exercises, stress management, instruction relative to diagnostic and laboratory tests, preventive measures for health maintenance, perioperative instruction)

B. Nursing care related to theoretical framework

1. **Assessment** – gather and synthesize data about the patient's health status in relation to the patient's functional health patterns
 - a. Gather assessment data
 - 1) Obtain the patient's health history (for example: subjective symptoms, diet, medications, past illnesses, health habits, family history, allergies, occupation)
 - 2) Assess factors influencing the patient's response to cardiovascular/pulmonary problems (for example: stress in patient's daily life, dietary patterns [see IA3])
 - 3) Obtain objective data related to the patient's cardiovascular/pulmonary problems (for example: determine clinical manifestation, altered vital signs, capillary refill, peripheral pulses, breath sounds)
 - 4) Review laboratory and other diagnostic data (for example: blood gases, electrolyte levels, stress tests, pulse oximetry, complete blood count, cardiac enzymes, pulmonary function test, bronchoscopy, thoracentesis, cardiac catheterization, electrocardiogram, theophylline levels)
 - b. Synthesize assessment data (see IB1a [1-4] above)
2. **Analysis** – identify the nursing diagnosis (patient problem) and determine the expected outcomes (goals) of patient care
 - a. Identify actual or potential nursing diagnoses (for example: acute pain [chest] related to coronary spasm; noncompliance related to negative side effects of antihypertensive drug therapy; ineffective airway clearance related to bronchial edema)
 - b. Set priorities (for example: based on Maslow's hierarchy of needs, based on the patient's developmental level)
 - c. Establish expected outcomes (patient-centered goals) for care (for example: patient will state that discomfort is relieved, patient's blood pressure will be within designated limits, patient will verbalize that respirations are less labored)
3. **Planning** – formulate specific strategies to achieve the expected outcomes
 - a. Consider factors influencing the patient's response to cardiovascular/pulmonary problems in planning patient care (see IA3) (for example: plan care of patient post-MI to include ethnic dietary patterns, plan to discuss resumption of patient's sexual activities)
 - b. Plan nursing measures on the basis of established priorities to help the patient achieve the expected outcomes (for example: monitor breath sounds, encourage fluid intake to loosen secretions, provide rest to decrease myocardial oxygen demand)
4. **Implementation** – carry out nursing plans designed to move the patient toward the expected outcomes
 - a. Use nursing measures to maintain a patent airway (for example: provide suctioning, provide tracheotomy care, encourage coughing and deep breathing)

- b. Use nursing measures to increase oxygen supply (for example: positioning, administration of oxygen, instruction in breathing exercises and use of an inhaler, administration of blood, management of mechanical ventilation, management of chest drainage apparatus, position for postural drainage, provide a humidified croupette for a child with croup)
- c. Use nursing measures to reduce cell demand for oxygen (for example: promote rest and comfort, manipulate the environment to reduce anxiety)
- d. Use nursing measures to prevent complications of cardiovascular/pulmonary problems (for example: encourage coughing and deep breathing, apply antiembolic stockings, administer humidified oxygen, encourage ambulation, position chest drainage tubes, apply intermittent compression devices)
- e. Use nursing measures specific to prescribed medications (see IA4a) (for example: take blood pressure prior to the administration of an antihypertensive agent, check prothrombin times prior to the administration of a long-acting anticoagulant, administer intramuscular iron preparations via Z-track, determine the pulse rate prior to the administration of cardiac glycosides)
- f. Use measures to assist the patient and/or significant others to cope with the health problem (for example: refer the patient to a local support group, discuss lifestyle changes to reduce stress)
- g. Provide information and instruction (for example: instruct the patient regarding breathing techniques, instruct the patient about the use and side effects of medications, instruct the patient about risk factors for cardiovascular/pulmonary problems, discuss the avoidance of allergens for a child with asthma)

5. **Evaluation** – appraise the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes
 - a. Assess and report the patient's response to nursing actions (for example: chart changes in color and amount of sputum, chart changes in breath sounds, chart absence of redness and swelling in a patient with thrombophlebitis, report that patient verbalizes lack of pain relief following the administration of nitroglycerin)
 - b. Revise the patient's plan of care as necessary (for example: encourage additional fluid intake to increase production of sputum, provide diversional activity for the patient with an MI who is experiencing boredom and restlessness)

II. Abnormal Cellular Growth (50%)

This area focuses on the nursing care of patients with problems such as fibroids; pyloric stenosis; cancer of the liver, prostate, breast, lung, and uterus; Wilms' tumor; leukemias; sarcomas; and lymphomas.

A. Theoretical framework – basis for care

1. Types of abnormal cellular growth
 - a. Problems resulting from benign abnormal cellular growth (for example: fibroids, gestational trophoblastic disease [hydatidiform mole], fibrocystic disease of the breast)
 - b. Problems resulting from hypertrophy (for example: pyloric stenosis, prostatic hypertrophy)
 - c. Problems resulting from malignant abnormal cellular growth (for example: cancer of the skin, stomach, intestines, liver, prostate, breast, uterus, lungs, bladder; Wilms' tumor; neuroblastoma; leukemia; sarcomas; lymphomas)

2. Clinical manifestations of abnormal cellular growth
 - a. Alteration in size
 - b. Alteration in rate of growth
 - c. Altered function of involved cells
 - d. Local and systemic effects resulting from altered size, altered rate of growth, and altered function of involved cells (for example: metastasis, pressure on vital organs, pain)
 - e. Behavioral changes (for example: confusion, slurred speech, altered mentation)
3. Factors influencing the patient's response to abnormal cellular growth
 - a. Age and physiological factors (for example: genetic predisposition)
 - b. Psychological factors
 - c. Socioeconomic and cultural factors (for example: lifestyle, family history, occupation, health practices)
 - d. Nutritional status
 - e. Presence of other illness
 - f. Site of abnormal cell growth (for example: local vs. distant)
 - g. Degree of involvement (for example: benign vs. malignant, acute vs. chronic)
4. Theoretical basis for interventions related to abnormal cellular growth
 - a. Medications (for example: antineoplastic agents, steroids, analgesics, hormonal therapy)
 - b. Other treatment modalities (for example: chemotherapy, radiation therapy, surgical intervention, immunotherapy, bone marrow transplant)
 - c. Preoperative and postoperative care (for example: laryngectomy, mastectomy, intestinal resection, prostatectomy, colostomy, ileal conduit)

- d. Health instruction (for example: risk factors, warning signs, prevention, breast self-examination, testicular self-examination)

B. Nursing care related to theoretical framework

1. **Assessment** – gather and synthesize data about the patient's health status in relation to the patient's functional health patterns
 - a. Gather assessment data
 - 1) Obtain the patient's health history (for example: subjective symptoms, diet, medications, health habits, family history, allergies, occupation)
 - 2) Assess factors influencing the patient's response to abnormal cell growth (for example: weight loss, occupation [see IIA3])
 - 3) Obtain objective data related to the patient's abnormal cellular growth (for example: determine clinical manifestations, weight changes, presence of mass, abdominal distention)
 - 4) Review laboratory and other diagnostic data (for example: biopsy, scan, blood studies, vital signs, complete blood count [CBC], uric acid, calcium, acid phosphatase, prostate-specific antigen [PSA], magnetic resonance imaging [MRI])
 - b. Synthesize assessment data (see IIB1a [1-4])
2. **Analysis** – identify the nursing diagnosis (patient problem) and determine the expected outcomes (goals) of patient care
 - a. Identify the psychological and physiological ramifications of treatment modalities on the patient and family (for example: consider the effects of alopecia, stomatitis, osteoporosis, erythema, bone marrow depression, pancytopenia, nausea and vomiting, bone marrow transplant, depressed mood, body image)

- b. Identify actual or potential nursing diagnoses (for example: impaired oral mucous membranes related to immunosuppression secondary to chemotherapy; altered nutrition: less than body requirements related to difficulty swallowing; ineffective individual coping related to denial secondary to diagnosis of cancer)
 - c. Set priorities (for example: based on Maslow's hierarchy of needs, based on the patient's developmental level)
 - d. Establish expected outcomes (patient-centered goals) of nursing care (for example: patient will state coping mechanisms to be utilized, patient's mouth will be free of ulcers)
3. **Planning** – formulate specific strategies to achieve the expected outcomes
- a. Consider factors influencing the patient's response to abnormal cell growth and involve the patient's family in planning individualized patient care (for example: consider role changes, sexuality, changes in body image, changes in lifestyle)
 - b. Plan nursing measures on the basis of established priorities to help the patient achieve the expected outcomes (for example: provide a low-residue diet for a patient receiving radiation therapy, provide a mechanically soft diet for the patient with stomatitis, provide play therapy for a child with leukemia)
4. **Implementation** – carry out nursing plans designed to move the patient toward the expected outcomes
- a. Provide instruction in the prevention and detection of abnormal cellular growth (for example: instruct patients concerning breast and testicular self-examination, the seven danger signals of cancer, carcinogenic factors, screening and diagnostic testing, preventive dietary measures)
 - b. Use nursing measures to provide patient comfort (for example: imaging, meditation, medications, patient-controlled analgesia [PCA], intraspinal analgesia, positioning, mouth care, skin care)
 - c. Use nursing measures to promote optimal nutrition (for example: offer small frequent feedings, continuous enteral feedings, total parenteral nutrition [TPN])
 - d. Use nursing measures to promote elimination (for example: manage altered elimination routes such as ileo-conduit or colostomy, instruct the patient regarding self-care, monitor urinary drainage in a patient following a transurethral prostatectomy)
 - e. Use nursing measures to promote safety (for example: prevention of infection and hemorrhage; minimize side effects of treatment modalities by providing skin care, mouth care, and protective isolation)
 - f. Use nursing measures to provide spiritual and emotional support
 - g. Use nursing measures specific to prescribed medications (for example: monitor platelet count with antineoplastic agents, monitor fluid balance for a patient receiving steroids, monitor for side effects of medications)
 - h. Use nursing measures to provide information and instruction (for example: provide referrals to self-help groups, reinforce patient's knowledge about prosthetic devices, emphasize conception control for a patient following removal of a gestational trophoblastic neoplasm [hydatidiform mole])
5. **Evaluation** – appraise the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes
- a. Assess and report the patient's response to nursing actions (for example: record daily weight for a patient on total parenteral nutrition, report skin breakdown for a patient undergoing radiation therapy, chart intake and output for an infant with pyloric stenosis)
 - b. Revise the plan of care (for example: increase fluid intake when hematuria is noted in a patient on chemotherapy)

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. Which data support a nursing diagnosis of activity intolerance related to insufficient oxygen secondary to chronic obstructive pulmonary disease?
 - 1) respiratory rate of 26, pulse of 120, and weakness with exercise
 - 2) orthopnea, bradypnea, and guarded respirations
 - 3) pursed-lip breathing, fatigue, and PCO_2 of 40
 - 4) nasal flaring, ineffective cough, and dyspnea
2. A patient has a permanent demand pacemaker. Which finding should the nurse report immediately?
The heart rate
 - 1) increases gradually.
 - 2) increases with activity.
 - 3) slows with rest.
 - 4) slows suddenly.
3. Which observation should be included in the nurse's report on a patient who is receiving digitalis therapy?
 - 1) weight
 - 2) heart rate
 - 3) blood pressure
 - 4) urinary output
4. A patient is receiving furosemide (Lasix) 80 mg bid IV. Upon noting that the patient's morning serum potassium level is 2.8, the nurse should take which action?
 - 1) Administer the Lasix as ordered and offer the patient potassium-rich foods throughout the day.
 - 2) Administer the ordered dose and notify the physician.
 - 3) Withhold the medication and repeat the laboratory test.
 - 4) Withhold the medication and notify the physician.
5. A patient with pneumonia has a nursing diagnosis of ineffective airway clearance related to thick tracheobronchial secretions. Which nursing action will help decrease the viscosity of the secretions?
 - 1) Administer humidified oxygen at 4 L/min.
 - 2) Encourage the liberal intake of clear liquids.
 - 3) Implement postural drainage.
 - 4) Request an order for intravenous fluids.
6. Which treatment should most effectively improve tissue oxygenation for a patient with anemia?
 - 1) administration of vitamin B₁₂
 - 2) administration of vitamin C
 - 3) infusion of packed red blood cells
 - 4) infusion of plasma
7. Which action should the nurse include in the plan of care for a patient with anemia?
 - 1) Encourage PO fluids.
 - 2) Encourage frequent ambulation.
 - 3) Provide frequent rest periods.
 - 4) Provide a high-protein diet.
8. Why should the nurse plan to maintain a preschooler who is in sickle cell crisis on bed rest?
 - 1) to minimize oxygen consumption
 - 2) to prevent bacterial infection
 - 3) to reduce oxygen tension
 - 4) to correct respiratory acidosis

9. Which statement by a patient with angina best indicates that the patient is following an appropriate self-care regimen?
 - 1) "I do mild isometric exercises daily."
 - 2) "I take a short walk right after breakfast daily."
 - 3) "I avoid bending and lifting."
 - 4) "I take a nitroglycerin tablet prior to sexual intercourse."
10. A patient who exhibits ventricular asystole on the cardiac monitor will usually be given which medication?
 - 1) atropine sulfate
 - 2) lidocaine hydrochloride (Xylocaine)
 - 3) morphine sulfate
 - 4) propranolol hydrochloride (Inderal)
11. Which assessment data is indicative of pernicious anemia?
 - 1) spoon-shaped fingernails
 - 2) smooth, sore, red tongue
 - 3) inflamed, swollen joints
 - 4) petechiae on the face and neck
12. The nurse is assessing a patient with a tension pneumothorax. Which clinical manifestation indicates the need for emergency measures?
 - 1) bounding pulse
 - 2) labile hypertension
 - 3) peripheral edema
 - 4) profuse diaphoresis
13. Which information regarding alternative methods of communication should the nurse include in the preoperative teaching for a patient who is scheduled for a laryngectomy?
 - 1) "You will begin esophageal speech lessons once you have learned to belch."
 - 2) "You will be provided with paper and pencil for communication in the immediate postoperative period."
 - 3) "Tracheoesophageal puncture can be created at the same time as your laryngectomy."
 - 4) "You should learn sign language now, so you can communicate your needs in the postoperative period."
14. Which potential side effect of treatment with an antineoplastic agent makes the patient vulnerable to infection?
 - 1) nausea and vomiting
 - 2) pulmonary fibrosis
 - 3) bone marrow suppression
 - 4) cardiotoxicity
15. A patient receiving chemotherapy is experiencing stomatitis. The nurse's plan of care for this patient should include which action?
 - 1) Encourage a regular diet and good oral hygiene.
 - 2) Provide snacks of liquids, hard candy, and ice chips prn.
 - 3) Keep the patient NPO and promote hygiene with sterile water mouth rinses q2h.
 - 4) Provide a soft-bristled toothbrush and normal saline mouth rinse q2h.
16. Which clinical manifestation indicates that a six-week-old infant has pyloric stenosis?
 - 1) poor sucking reflex
 - 2) absence of bowel movements
 - 3) nonprojectile vomiting containing bile
 - 4) visible gastric peristaltic waves
17. Which is an indicator of an untreated basal cell carcinoma?
 - 1) invasion and erosion of adjoining tissue
 - 2) mutation of the cells to a malignant melanoma
 - 3) inflammation of the tumor and underlying tissue
 - 4) metastasis to the lymph nodes and surrounding tissue
18. Regular intake of which foods would place a patient at risk for the development of colon cancer?

Foods that are

 - 1) high in fat
 - 2) high in fiber
 - 3) low in protein
 - 4) low in iron

19. Which clinical manifestations indicate that cancer of the pancreas may be present?

- 1) fat intolerance, belching, and flatulence
- 2) hyperglycemia, mid-abdominal pain, and profound weight loss
- 3) vomiting, burning epigastric pain, and diarrhea
- 4) weight gain, lower abdominal pain, and polycythemia

20. When planning care for a patient with advanced cancer, the nurse should be especially concerned with increasing the patient's intake of which nutrient?

- 1) calcium
- 2) fiber
- 3) iron
- 4) protein

21. Which information in a patient's sexual history is a risk factor for cancer of the cervix?

- 1) first pregnancy after age 30
- 2) late menopause
- 3) multiple partners
- 4) multiple pregnancies

22. A decrease in which laboratory value indicates that a patient with prostate cancer is responding positively to the treatment regimen?

- 1) alpha-fetoprotein level (AFP)
- 2) carcinoembryonic antigen (CEA)
- 3) erythrocyte sedimentation rate (ESR)
- 4) prostate-specific antigen (PSA)

Study Materials

The study materials listed on the following pages are recommended by the examination development committee as the most appropriate resources to help you study for the examination. Those listed as Recommended Resources are essential to your understanding of the content. The Additional Resources may provide clarification for some of the topics on the content outline, or provide enrichment in areas of interest.

This examination is one of seven (7) written examinations required of students in the Regents College associate degree programs in nursing:

- Nursing Concepts 1
- Nursing Concepts 2
- Nursing Concepts 3
- Differences in Nursing Care: Area A (modified)
- Differences in Nursing Care: Area B
- Differences in Nursing Care: Area C
- Occupational Strategies in Nursing

Important: The examinations in Commonalities in Nursing Care: Areas A and B will be withdrawn after September 30, 2000, and the examination in Differences in Nursing Care: Area A will exist in a modified form only through September 30, 2001, after which it will be replaced with Nursing Concepts 4. Students in the Regents College AAS(n) and AS(n) degree programs who have not completed Commonalities A and B and Differences A by September 30, 2000 will be required to complete Nursing Concepts 1, 2, and 3 and the modified Differences A—and enroll by February 1, 2001—to use any old-series examinations toward completion of their degree. The current examination in Differences B will be replaced in October 2001 by Nursing Concepts 5, and the examinations in Differences C and Occupational Strategies will be replaced in October 2002 by Nursing Concepts 6 and 7.

If you are planning to take several of the associate degree nursing examinations, you will need to begin building a library of nursing textbooks. For this examination, you should obtain one textbook from each of the following nursing practice areas: medical-surgical, pediatrics, nursing diagnosis, and pharmacology. In addition, textbooks in anatomy and physiology, microbiology, and nutrition will supplement your study. You may want to arrange to have access to textbooks in these areas.

The Regents College Bookstore stocks the current editions of the recommended textbooks for all examinations. In some cases, current editions will be more recent than those listed in this guide. The Bookstore also offers resources in areas such as study strategies, personal planning, and stress reduction. See the separate flyer for further information about purchasing textbooks or other resources through the Bookstore.

You may also find textbooks in college libraries, schools of nursing, medical schools, and hospitals. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the examination.

Electronic Peer Network

Enrolled Regents College students are eligible to join the Regents College Electronic Peer Network (EPN). The EPN is a Web-based environment that enables Regents College students to interact academically and socially. As an EPN member, you will be able to locate a study partner, join an online study group for your exam, chat in real-time with other students, and access other resources that may be helpful to students preparing for Regents College Examinations. Enrolled students can join the EPN by visiting the Regents College home page and clicking on Electronic Peer Network.

Online Study Services

Regents College online study services provide enrolled and prospective students with access to subject matter experts. These services are available on a fee-for-service basis and currently assist students with writing and statistics. Please email requests for more information about these services to the appropriate address: rcwrite@regents.edu or rcstats@regents.edu or call Learning Services at 888-647-2388 (press 1-4-4 at the greeting). You may email suggestions for new online study services to rlearn@regents.edu.

Virtual Library

The Regents College Virtual Library (RCVL) is an online library designed for distance learners. The RCVL (<http://www.library.regents.edu>) provides access to a variety of resources such as journal articles, books, Web sites, databases, and reference services. These resources can help you prepare for Regents College Examinations. While some library services are restricted to enrolled students, many are not. To access the RCVL, visit the Regents College home page.

Recommended Resources

Textbooks

The examination development committee strongly recommends that you obtain one textbook in each of the four areas listed below for use in preparing for the examination. Each of the textbooks provides in-depth exploration of the material in the content areas to be tested. In addition, most of them have a companion study guide. If you would like assistance in organizing your study and reviewing the material in the textbooks, the committee recommends that you consider purchasing the study guides as well.

The recommended textbooks and their companion study guides are listed below. Accompanying each entry is a brief description of the materials. This may assist you in deciding which of the materials to obtain. You do not need to purchase two textbooks in an area. You may prefer a certain author or prefer the way in which the material is presented. When two textbooks are listed, either of them will meet your study needs. If you encounter topics in the content outline that are not covered in the textbook you are using, you should supplement your study with another textbook.

Medical-Surgical Nursing

Smeltzer, S., & Bare, B. (2000). *Brunner and Suddarth's Textbook of medical-surgical nursing* (9th ed.). Philadelphia: Lippincott.

This textbook makes extensive use of diagrams, charts, tables, colored photographs, and nursing care plans to present information. Each chapter begins with a series of learning objectives and a glossary of terms, then proceeds with a review of the physiology and pathology, clinical manifestations, and nursing management. Each chapter concludes with a critical thinking exercise related to the content presented. Interspersed throughout each chapter are discussions about important considerations on gerontological issues and community-based care. The use of color in chapter readings and tables makes this a very usable reference. Included with the text is a self-study disk that offers several different ways to evaluate your learning.

OR

Phipps, W. et al. (1999). *Medical-surgical nursing: Concepts and clinical practice* (6th ed.). St. Louis: Mosby.

Each chapter begins with learning objectives and key terms and concludes with a chapter summary, questions for the learner to consider, and critical-thinking activities. Examples of nursing care plans and critical pathways are included. This textbook relies more on written material to explore the content. It contains fewer pictures, diagrams, tables, and charts than the Smeltzer text provides.

Study Guide:

Phipps, W. et al. (1999). *Student learning guide to accompany Medical-surgical nursing* (6th ed.). St. Louis: Mosby.

Nursing Diagnosis

Carpenito, L.J. (1997). *Nursing diagnosis: Application to clinical practice* (7th ed.). Philadelphia: J.B. Lippincott.

OR

Wilkinson, J.M. (1996). *Nursing process: A critical thinking approach* (2nd ed.). St. Louis: Mosby.

Pediatrics

Wong, D. (1997). *Whaley and Wong's Essentials of pediatric nursing* (5th ed.). St. Louis: Mosby.

Please note: The 6th edition of this text will be available in October, 2000.

This textbook presents learning objectives for each chapter and contains many color photographs. Guidelines and emergency treatments are presented in boxes within each

chapter. Hundreds of tables, boxes, and diagrams are used to highlight key concepts. Key points are summarized at the end of each chapter.

Study Guide:

Murphy, A. (1997). *Study guide to accompany Whaley and Wong's Essentials of pediatric nursing* (5th ed.). St. Louis: Mosby.

Pharmacology

McKenry, L., & Salerno, E. (1995). *Mosby's Pharmacology in nursing* (19th ed.). St. Louis: Mosby.

Each chapter begins with a review of anatomy and physiology and a discussion of the drug group. Summary tables and boxes supplement and reinforce the material and make comparisons among similar drugs. The textbook also includes information regarding implications for the care of children, older adults, and pregnant patients. The textbook includes a set of removable drug category cards.

Study Guide:

McKenry, L., & Salerno, E. (1995). *Student learning guide for Mosby's Pharmacology in nursing* (19th ed.). St. Louis: Mosby.

OR

Shlafer, M. (1993). *The nurse, pharmacology, and drug therapy: A prototype approach* (2nd ed.). Menlo Park, CA: Addison-Wesley.

Each chapter begins with an overview of the anatomy and physiology for each system. A prototype drug is used in each drug category and a holistic approach to patient care is emphasized. Implications for the care of children, older adults, and pregnant patients are discussed in each chapter. A summary on implications for the nursing process is discussed for each drug category at the end of each chapter. The book contains a set of removable prototype drug cards.

Study Guide:

There is no study guide to accompany this text.

Additional Resources

The following resources are suggested to supplement your understanding of the material presented in the recommended resources. These resources include textbooks, journal articles, and audiovisual materials. They were selected because they are current and relevant to the content to be tested by this examination. You are encouraged to read widely; you may find other textbooks, articles, or audiovisual resources to be of interest. These additional resources are an important supplementary learning activity because they address

issues that are of interest to practicing nurses and provide “real world” examples of how the theory in textbooks can be applied to actual clinical situations.

You should be able to find many of these resources at a nearby school of nursing library, college library, or hospital library. You might also find them at your state nurses’ association library. In addition, your local public librarian may be able to assist you with an inter-library loan request. It is not necessary to purchase these resources.

Textbooks

The textbooks below may provide further clarification or enrichment in the areas of aging and nutrition.

Eliopoulos, C. (1997). *Gerontological nursing* (4th ed.). Philadelphia: J.B. Lippincott.

This textbook presents in-depth content on older adults, including their role in the family and the common changes that occur with aging. The changing needs of older adults are addressed in depth, as well as specific health problems and appropriate modifications in care. Assessment data and nursing diagnoses are highlighted in boxes within each chapter.

Williams, S.R. (1997). *Essentials of nutrition and diet therapy* (8th ed.). St. Louis: Mosby.

This textbook uses chapter outlines to introduce the learner to the topics. Each chapter opens with an illustration and brief opening paragraph. Chapter summaries and review questions are included. A special feature in each chapter is a brief article on a nutrition-related issue. The textbook includes color photographs, tables, and charts.

Journal Articles

Because journal articles tend to be written in a simple, straightforward manner, you may find them useful in explaining or expanding upon difficult concepts. Many articles include case studies or post-tests to help you assess your learning. You may also find them helpful in providing an “inside view” into areas of nursing practice with which you are not familiar. You may want

to review nursing journals from this year to locate more current articles.

As a professional nurse, you have a responsibility to continue your education. One way you can keep current is by reading journal articles. Subscribing to one or two journals is a helpful way to gain exposure to current articles in the field.

I. Cardiovascular/Pulmonary Problems

- Boisvert, J.T. et al. (1995). Overview of pediatric arrhythmias. *Nursing Clinics of North America*, 30(2), 365–379.
- Borkgren, M.W., & Gronkiewicz, C.A. (1995). Update your asthma care from hospital to home. *American Journal of Nursing*, 95(1), 26–35.
- Bove, L.A. (1995). Now! Surgery for heart failure. *RN* 1995, 58(5), 26–31.
- Byers, J.F., & Goshorn, J. (1995). How to manage diuretic therapy. *American Journal of Nursing*, 95(2), 38–44.
- Dennison, R.D. (1995). Making sense of hemodynamic monitoring. *American Journal of Nursing*, 94(8), 24–32.
- Dracup, K. et al. (1995). Rethinking heart failure. *American Journal of Nursing*, 95(7), 22–28.
- Fellows, E. (1995). Abdominal aortic aneurysm: Warning flags to watch for. *American Journal of Nursing*, 95(5), 26–33.
- Laskowski-Jones, L. (1995). Meeting the challenge of chest trauma. *American Journal of Nursing*, 95(9), 23–30.
- Lavell, D.R. (1995). Lung surgery: When less is more. *RN* 1995, 58(7), 40–46.
- Mays, D.A. (1995). Turn ABGs into child's play. *RN* 1995, 58(1), 36–40.
- Owen, A. (1995). Tracking the rise and fall of cardiac enzymes. *Nursing* 1995, 25(5), 34–38.
- Perez, A. (1995). Electrolytes: Restoring the balance–hyperkalemia. *RN* 1995, 58(11), 32–37.
- Raimer, F., & Thomas, M. (1995). Clot stoppers: Using anticoagulants safely and effectively. *Nursing* 1995, 25(3), 34–45.
- Redeker, N.S., & Sadowski, A.V. (1995). Update on cardiovascular drugs and elders. *American Journal of Nursing*, 95(9), 34–41.
- Snowberger, P. (1995). Arrhythmia review: Wide-complex tachycardia. *RN* 1995, 58(10), 37–39.
- Wallace, C.J. (1995). When digoxin harms instead of helps. *RN* 1995, 58(9), 26–29.
- Yacone-Morton, L.A. (1995). Cardiovascular drugs: Antiarrhythmics. *RN* 1995, 58(4), 26–36.
- Yacone-Morton, L.A. (1995). Cardiovascular drugs: First-line therapy for CHF. *RN* 1995, 58(2), 38–44.
- Yacone-Morton, L.A. (1995). Cardiovascular drugs: Inotropic agents and nitrates. *RN* 1995, 58(3), 22–29.

II. Abnormal Cellular Growth

- Baron, R.H., & Walsh, A. (1995). Nine facts everyone should know about breast cancer. *American Journal of Nursing*, 95(7), 29–33.
- Brenner, Z.R., & Krenzer, M.E. (1995). Update on cryosurgical ablation for prostate cancer. *American Journal of Nursing*, 95(4), 44–49.
- Greifzu, S., & Tiedemann, D. (1995). Prostate cancer: The pros and cons of treatment. *RN* 1995, 58(6), 22–27.
- Janowski, M.J. (1995). Managing cancer pain. *RN* 1995, 58(9), 30–33.
- McCarron, E.G. (1995). Supporting the families of cancer patients. *Nursing* 1995, 25(6), 48–51.

Audiovisual Resources

A very good source of videocassettes is the American Journal of Nursing Company's Multimedia Catalog. To order, call 800-CALL-AJN. Other sources for computer and video programs are Concept Media, Irvine, CA (call 800-233-7078 or visit their Web site at www.Conceptmedia.com) and Insight Media, New York City (call 800-233-9910). A very good source of videocassettes is the American Journal of Nursing Company's Multimedia Catalog. To order, call 1-800-CALL-AJN.

Good sources for computer-assisted instruction are Lippincott Williams & Wilkins, A Walters-Kluwer Company. (To order, call 1-800-638-3030 or visit their Web site at www.lww.com) and Inter Act Computer Systems (3200 Kinlock Ct., Plano, TX 75074, 972-881-7781 or www.nursinc.com.)

The following interactive videodiscs are recommended by the examination development committee.

1. *Auscultation of Normal Breath Sounds.*

Reviews the standard procedure for auscultating the posterior and anterior chest.

2. *Nursing Care of Elderly Patients with Acute Cardiac Disorders* (1988).

Designed for nurses who work with older adults who have cardiac disorders.

3. *Nursing Care of the Elderly Patient with Chronic Obstructive Pulmonary Disease* (1988).

Presents information about a 73-year-old patient with COPD and pneumonia and requires the viewer to manage the patient's care.

4. *Nursing Care of the Cancer Patient with Compromised Immunity: Concepts and Care.*

O'Neill, P., Welsh, S., Volker, D., Adsit, K., Wood, P., & Moore, L. (1990).

Content/Reference Chart

Listed below are the chapters in the recommended resources that cover the material in each content area. The list may help you begin to locate the topics in the content outline. The list is not intended to be comprehensive. To cover all of the material in this content guide, you will need to refer to other chapters in the reference textbooks. Chapter numbers and titles may differ in subsequent editions.

I. Cardiovascular/Pulmonary Problems

McKenry & Salerno (19th ed., 1995)

- Ch. 30 – Anticoagulants, Thrombolytics, and Blood Components
- Ch. 37 – Mucokinetic and Bronchodilator Drugs

Phipps (6th ed., 1999)

- Ch. 24 – Assessment of the Cardiovascular System
- Ch. 25 – Management of Persons with Coronary Artery Disease and Dysrhythmias
- Ch. 26 – Management of Persons with Inflammatory Heart Disease, Heart Failure, and Persons Undergoing Cardiac Surgery
- Ch. 27 – Management of Persons with Vascular Problems
- Ch. 28 – Assessment of the Hematological System
- Ch. 29 – Management of Persons with Hematological Problems
- Ch. 30 – Assessment of the Respiratory System
- Ch. 31 – Management of Persons with Problems of the Upper Airway
- Ch. 32 – Management of Persons with Problems of the Lower Airway

Shlafer (2nd ed., 1993)

- Ch. 35 – Anticoagulant, Antiplatelet, and Thrombolytic Drugs
- Ch. 36 – Drugs for Regulating Blood Lipid Levels
- Ch. 37 – Structure and Function of the Respiratory System
- Ch. 38 – Drugs for Managing Asthma

Smeltzer & Bare (8th ed., 1996)

- Ch. 19 – Assessment of Respiratory Function
- Ch. 20 – Management of Patients with Upper Respiratory Tract Disorders
- Ch. 21 – Management of Patients with Chest and Lower Respiratory Tract Disorders
- Ch. 22 – Respiratory Care Modalities
- Ch. 23 – Assessment of Cardiovascular Function
- Ch. 24 – Management of Patients with Dysrhythmias and Conduction Problems
- Ch. 26 – Management of Patients with Structural, Infectious, or Inflammatory Cardiac Disorders
- Ch. 27 – Management of Patients with Complications from Heart Disease
- Ch. 28 – Assessment and Management of Patients with Vascular Disorders and Problems of Peripheral Circulation
- Ch. 30 – Assessment and Management of Patients with Hematologic Disorders

Wong (5th ed., 1997)

- Ch. 23 – The Child with Respiratory Dysfunction
- Ch. 25 – The Child with Cardiovascular Dysfunction

II. Abnormal Cellular Growth

McKenry & Salerno (19th ed., 1995)

- Ch. 56 – Antineoplastic Chemotherapy
- Ch. 57 – Antineoplastic Agents

Phipps (6th ed., 1999)

- Ch. 11 – Cancer
See also specific diagnoses under the related system (for example: malignant conditions of the breast in Chapter 48, Management of Persons with Problems of the Breast)

Shlafer (2nd ed., 1993)

- Ch. 59 – Antineoplastic Drugs

Smeltzer & Bare (9th ed., 2000)

- Ch. 15 – Oncology: Nursing Management in Cancer Care
See also specific diagnoses under the related system (for example: carcinoma of the breast under reproductive function)

Wong (5th ed., 1997)

- Ch. 26 – The Child with Hematologic or Immunologic Dysfunction

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Key To Sample Questions

Question	Key	Content Area ¹	Question	Key	Content Area ¹
1	1	IB1	12	4	IB1
2	4	IB1	13	2	IIB4
3	2	IB5	14	3	IIA4
4	4	IB4	15	4	IIB3
5	2	IB4	16	4	IIA2
6	3	IA1	17	1	IIA1
7	3	IB3	18	1	IIA3d
8	1	IB3	19	2	IIA2d
9	4	IB5	20	4	IIB3a
10	1	IA4	21	3	IIB1a
11	2	IB1	22	4	IIB1a

¹Content Area refers to the location of the question topic in the content outline.

Regents College Written Examinations

The following is a list of examinations scheduled to be offered during 2000-2001:

Arts and Sciences Examinations

Foundations of Gerontology
Pathophysiology
Psychology of Adulthood & Aging

Arts and Sciences Guided Learning Packages

Abnormal Psychology
American Dream
Anatomy & Physiology
English Composition
Ethics: Theory & Practice
History of Nazi Germany
Life Span Developmental Psychology
Microbiology
Religions of the World
Research Methods in Psychology
Statistics
World Population

Business Examinations

Business Policy & Strategy
Human Resource Management
Labor Relations
Organizational Behavior
Production/Operations Management

Education Examination

Reading Instruction in the Elementary School

Nursing Examinations

Associate Degree:
Differences in Nursing Care: Area A (modified)
Differences in Nursing Care: Area B
Differences in Nursing Care: Area C
Fundamentals of Nursing
Maternal & Child Nursing (associate)
Maternity Nursing
Nursing Concepts 1
Nursing Concepts 2
Nursing Concepts 3
Occupational Strategies in Nursing

Nursing Examinations

Baccalaureate Degree:
Adult Nursing
Health Restoration: Area I
Health Restoration: Area II
Health Support A: Health Promotion & Health Protection
Health Support B:
Community Health Nursing
Maternal & Child Nursing (baccalaureate)
Professional Strategies in Nursing
Psychiatric/Mental Health Nursing

Nursing Guided

Learning Package
Baccalaureate Degree:
Research in Nursing

To receive information concerning testing dates, locations, and fees, contact Regents College:

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